

SIX FLAGS NEW ENGLAND	SAFETY REFERENCE MANUAL
SECTION: 4 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN	
EFFECTIVE: January 2016	SUPERSEDES: ALL PREVIOUS
CFR #: 29 CFR 1910.130 – <i>Subpart Z</i>	

4.1 PURPOSE

To establish proper procedures at Six Flags New England to prevent employee and guest exposure to blood borne pathogens, and in the event of an exposure, to establish procedures and guidelines to recognize, determine, test for, and treat the exposure.

4.2 POLICY

All employees working in Classification I and II positions will be familiar with the Blood borne Pathogens Exposure Control Plan and will comply with the Control Plan as a condition of employment. Six Flags New England will review and update the exposure control plan at annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee position with occupational exposure. The annual review and update shall reflect changes in technology that eliminate or reduce exposure to blood borne pathogens and also be documented consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimizes occupational exposure.

4.3 SCOPE AND APPLICATION

This program applies to all occupational exposures to blood or other potentially infectious materials. Blood includes, in definition, human blood, and human blood components, and products made from human blood. Other potentially infectious materials include all human body fluids except perspiration, unless mixed with other fluids, any unfixed human tissue or organ, any item exposed to any of the above and any event such as needle sticks, human bites, nose bleeds or exposure through broken skin to any of the above.

NOTE: Extra caution is necessary if incident occurs and the person is wet (e.g., pool incident or during rain).

4.4 DEFINITIONS

BLOODBORNE PATHOGENS - Pathogenic microorganisms that are present in human blood and body fluids and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

CLEANING - The physical removal of dirt and debris. Employees should use soap and water, combined with scrubbing action. The scrubbing action is the key to rendering all items safe for patient use. All equipment requires a minimum of cleaning and should be

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done on scene if possible. If not feasible, the equipment should be cleaned as soon as it is returned to the station and before it is put back into service. Cleaning must take place prior to any high level disinfection.

CONTAMINATED - The presence or reasonable presence of blood or potentially infectious materials on an item or surface. Items of concern are sharps which include any contaminated object that can penetrate skin including, but not limited to, needles of all types, scalpels, broken glass or other sharp edges at accident or injury scenes; clothing or laundry that may be exposed to infectious substances; and sanitary napkins if disposed of improperly.

CLINICAL LABORATORY - A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

DECONTAMINATED - The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

DIRECTOR - The Director of the National Institute for Occupational Safety and Health Services, or designated representative.

DISINFECTION - Reducing the number of disease producing organisms by physical or chemical means. Employees should clean the item with soap and water, and then apply a disinfecting solution, such as a Germicidal solution (Envy® a disinfectant) and a bleach and water 1:10 solution. A fresh bleach solution should be made every day. DO NOT use bleach in the cleaning of electronic equipment. Refer to the MSDS for each disinfection solution to decide if personal protective equipment is required. Some disinfectants may be toxic or caustic. The disinfection solution should have an EPA registry number and should show that it is effective against micro-bacterium tuberculosis. Routine disposal of the germicidal cleaning water in the drainage is acceptable.

ENGINEERING CONTROLS - Controls (e.g., sharps disposal containers, self sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.

EXPOSURE INCIDENT - A specific eye, mouth, or mucous membrane, non-intact skin, or parenteral contact (e.g., needle stick, laceration) with blood or other potentially infectious materials that results from the performance of an employee's duties.

HAND WASHING FACILITIES - A facility providing an adequate supply of running portable water, soap, and single use towels or hot air dryers.

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HIGH-LEVEL DISINFECTION - The use of chemical liquids for sterilization. Employees should clean the items, then soak them in the disinfecting solution in the soaking tray for the prescribed time suggested by the manufacturer of the solution via their instructions. The items must then be rinsed with water and allowed to dry.

LICENSED HEALTHCARE PROFESSIONAL - A person whose legally permitted scope of practice allows him or her to independently perform the activities required in Section 13.0 -Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV- Hepatitis B Virus **HIV** - Human Immunodeficiency Virus

OCCUPATIONAL EXPOSURE - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS are as stated below:

- 1) The following human body fluids: semen , vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluids, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in the situations where it is difficult or impossible to differentiate between body fluids;
- 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- 3) HIV- containing cell or tissue cultures, organ cultures, HIV or HBV-containing culture medium or other solutions and blood, organs, or tissues from experimental animals infected with HIV or HBV

PARENTERAL - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

PERSONAL PROTECTIVE EQUIPMENT - Specialized clothing or equipment worn by an employee for protection against a hazard.

PRODUCTION FACILITY - A facility engaged in industrial-scale, large volume, or high concentration production of HIV or HBV.

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REGULATED WASTE - Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

RESEARCH LABORATORY - A laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentration of HIV or HBV but not in the volume found in production facilities.

SOURCE INDIVIDUAL - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, first aid patients, trauma victims, persons who resist security restraint, and the public in general under circumstances which would expose the employee to contaminated items.

STERILIZE - The use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

UNIVERSAL PRECAUTIONS - An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

WORK PRACTICE CONTROLS - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., needles not being touched until they can be immediately disposed of in a sharps container).

4.5 EXPOSURE DETERMINATION

Since it is possible to receive an infection from a single exposure, exposure must be prevented whenever possible. Therefore, it is critical that those tasks that may result in an exposure to blood be identified and proper precautions taken to minimize exposure risks. A three tier classification system shall be used and procedures and policies established based on the possibility of exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

CLASSIFICATION 1: Jobs in which all employee have occupational exposure – First Aid EMTs and Paramedics, Safety Supervisors, Lifeguards and

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Security Supervisors:

<u>Job Title</u>	<u>Department/location</u>	<u>Task/Procedures</u>
EMT and Paramedic	First Aid	Respond to Emergencies/ Help Administer First-Aid care to Guest and Employees
Safety Supervisor	First Aid	Respond to Accident Scenes (Injury and Illness)/ Provide Help to First-Aid Staff
Life Guards	Aquatics	Respond to Emergencies Help Administer/Provide First-Aid care to Guests and Employees, Clean
Full Time Supervisors /Management	Security	Detain Guest/ Physical Contact with Guests and Employees to Restrain Them.

CLASSIFICATION 2:

Jobs in which employee have some occupational exposure – The following is a list of jobs in which some employees at our establishment have occupational exposure:

<u>Job Title</u>	<u>Department/location</u>	<u>Task/Procedures</u>
Restroom Attendant	Park Services	Cleaning and Maintaining Restrooms
Leads and Supervisors	Park Services	Bio-Spill Clean Up
Hosts and Hostess	Park Services	Custodial Maintenance: (Sweeping, Trash Removal, Wash down, Mopping, ect...)
Operational Control	Rides	Checking Harness
Operational Control	Rides	Assisting Guests
Leads and Supervisors	Rides	Bio-Spill Clean Up
Officer	Security	Scene Secure/ Identify Bio-Spills And Contaminated Areas
Plumber	Maintenance	Sewer Line Maintenance/ Repair Sewer Piping, Handle Equipment With Contaminated Waste
Leads and Supervisors	Aquatics	Bio-Spill Clean Up

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CLASSIFICATION 3: Jobs in which employee would rarely have occupational exposure - all Marketing staff, all Resale staff, Finance staff, all Human Resources staff, all Maintenance staff, and all Operations staff except those in Classes 1 and 2 (as written above).

These classifications shall be under continual review to ensure all policies are kept up to date as more information is published.

4.6 METHODS OF COMPLIANCE

UNIVERSAL PRECAUTION - All employees, regardless of classification, shall comply with the universal precautions concept that "under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials."

ENGINEERING AND WORK PRACTICE CONTROLS - Engineering and work practice controls shall be used to eliminate or minimize work exposure to employee. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Six Flags New England identifies the need for changes in engineering controls and work practices through reviewing injury logs, OSHA records, and employee interviews. We evaluate new procedures and new products regularly by performing research, reviewing medical literature, and communicating with suppliers. At the beginning of every season non-managerial employees will be solicited for their input regarding engineering controls and work practices of Sharp contaminations. See Appendix E

Both front-line workers and management officials are involved in this process in the following manner: selection of medical supplies, review of procedures and selection of Personal Protection Equipment (PPE). Documentation of non-managerial employees' involvement will be logged and reviewed by management. First aid and Safety supervisors will be responsible for ensuring that these recommendations are implemented and documented.

Six Flags New England shall provide hand washing facilities which are readily accessible to employees. When unavailable, Six Flags New England shall provide an appropriate antiseptic hand cleaner in conjunction with disposable towels or antiseptic towelettes. When antiseptics are used, hands shall be washed with soap and water as soon as

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possible. Employee shall wash hands as soon as feasible after removal of protective equipment. Employee shall wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, maintained upright throughout use, replaced routinely, and not allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If leakage is possible, a second outer container shall be used that is closeable as well as constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping and labeled or color-coded according to this standard

Reusable containers shall not be opened, emptied, or cleaned manually or in any manner which would expose employee to the risk of percutaneous injury.

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Immediately after use, contaminated sharps shall be placed in appropriate containers until properly reprocessed. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employee to reach by hand into the container. They shall be stored in puncture resistant, labeled or color-coded containers in accordance with this standard and must be leak proof on the sides and bottom. Any sharp found in the park shall be secured, but not moved, until a sharps container is brought to the scene for proper disposal.

Other regulated waste shall be placed in containers which are closeable, as well as constructed to contain all contents and to prevent leakage of fluids during handling, storage, transport shipping, labeled or color-coded in accordance to this standard, and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of the regulated waste container occurs, it shall be placed in a second container which is closeable, as well as constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, labeled or color-coded in accordance with this standard, and closed prior to removal to prevent spillage or

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protrusion of contents during handling, storage, transport, or shipping. All disposal shall meet all applicable laws, codes, and regulations.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

Mouth piping/suctioning of blood or other potentially infectious materials is **PROHIBITED**.

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless Six Flags New England can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. A readily observable label in accordance with this standard shall be attached to the equipment stating which portions remain contaminated. Six Flags New England shall ensure that this information is conveyed to all affected employee, the servicing representative, and/or the manufacturer as appropriate, prior to handling, servicing, or shipping so that the appropriate precautions will be taken.

4.7 PERSONAL PROTECTIVE EQUIPMENT

When there is possible occupational exposure, Six Flags New England shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks, eye protection and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Six Flags New England shall ensure that the employee uses appropriate personal protective equipment.

Six Flags New England shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued to employee.

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Hypoallergenic gloves, glove liners, powder free gloves or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Six Flags New England shall clean, launder, and dispose of personal protective equipment required by this standard at no cost to the employee. Six Flags New England will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.

All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, or other potentially infectious materials, mucous membranes, and non-intact skin, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. These gloves shall not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks, in combination with eye protection devices, such as goggles or glasses with solid shields, or chin length face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure, or anticipated exposure to situations.

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Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated, or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

4.8 LAUNDRY

EMS/Health Services shall be called upon to deal with any and all contaminated laundry.

Health Services shall deliver contaminated laundry in a dissolvable bag inside a red biohazard bag to an authorized laundry/wardrobe attendant.

The laundry attendant shall handle the bag and/or contaminated laundry with gloves.

The dissolvable bag and contents shall be placed in a washer, washed at a temperature of at least 180 degrees F, and bleach shall be used in the washing procedure to decontaminate the laundry.

The laundry shall be considered disinfected at the end of the cycle.

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Empty red biohazard bags must be tied off and returned to Health Services for proper disposal.

If contaminated laundry is shipped off-site to a second facility which does not utilize universal precautions in the handling of all laundry, the contaminated laundry must be placed in bags or containers which are labeled or color-coded in accordance with this standard.

4.9 COMMUNICATION OF HAZARDS

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Labels required by this section shall include the universal biohazard symbol. These labels shall be fluorescent orange or orange-red or predominantly so with lettering and symbols in a contrasting color.

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempt from the labeling requirements.

Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

Regulated waste that has been decontaminated need not be labeled or color-coded.

4.10 INFORMATION AND TRAINING

Six Flags New England shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours. Training shall be provided as follows: at the time of initial assignment to tasks where occupational exposure may take place; annual retraining for all employee shall be provided within one year of their previous training; additional training may be limited to new exposures created by a change in the employee's occupational exposure.

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Material appropriate in content and vocabulary to educational level, literacy, and language of employee shall be used.

The training shall contain at a minimum the following elements:

- an accessible copy of the regulatory text of this standard and an explanation of its contents
- a general explanation of the epidemiology and symptoms of blood borne diseases
- an explanation of the modes of transmission of blood borne pathogens
- an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
- information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- an explanation of the basis for selection of personal protective equipment
- information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
- explanation of the two forms each employee is required to receive and complete:
 - o Hepatitis B Immunization Health History Form (See Appendix F)
 - o Hepatitis B Vaccination Form (See Appendix G)
- information of the appropriate actions to take and the persons to contact in an emergency involving blood or other potentially infectious materials
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available

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- information on the post-exposure evaluation and follow-up that Six Flags New England is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding used to identify biohazards
- an opportunity for interactive questions and answers with the person conducting the training session

The person conducting the training shall be knowledgeable in the subject matter covered in the training program as it relates to the workplace addressed by the training.

4.11 TRAINING RECORDS

Training records shall include the following information: dates of training sessions, contents or summary of training sessions, name and qualifications of trainers, names and job titles of persons attending the sessions. These records shall be maintained for three years from the training date. These records shall be available for inspection by OSHA for examination and copying as well as for employee and their representatives.

Employee medical records required by this section shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, or to OSHA.

Six Flags New England shall comply with the requirements involving transfer of records as set forth in 29 CFR 1910.20 (b). If Six Flags New England ceases to do business and there is no successor to receive and retain the records for the prescribed period, Six Flags New England shall notify the director, at least three months prior to their disposal and transmit them to the director, if so required by the director.

4.12 RECORD KEEPING

SIX FLAGS NEW ENGLAND shall establish and maintain an accurate record for each employee with an occupational exposure, which shall include: employee name and social security number; employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination; a copy of all results of examinations, medical testing, and follow-

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up procedures; and a copy of the information provided to the health care professional. Six Flags New England shall ensure that employee medical records required are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the work place except as required by this section or as may be required by law. Six Flags New England shall maintain the records required for at least the duration of employment plus thirty years.

4.13 HEPATITIS B VACCINATION AND POST EXPOSURE EVALUATION AND FOLLOW UP

Six Flags New England shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

Six Flags New England also requires that all medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series, post-exposure evaluation, follow-up, and prophylaxis are done at no cost to the employee, made available to the employee at a reasonable time and place, and performed by or under the supervision of another licensed healthcare professional. Employees should experience no out of pocket expense, loss of income, nor loss of scheduled work hours. The employee will also be provided transportation or reimbursed transportation cost. These services will be provided according to recommendations of the U.S. Public Health Service current at the time that these evaluations and procedures take place.

Six Flags New England shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

The Hepatitis B vaccination shall be made available to each Six Flags New England employee after the employee has received the required training and within ten days of initial assignment to all employee who have occupational exposure, unless the employee has previously received the complete Hepatitis B vaccination series, antibody tests have revealed that the employee is immune, or the vaccine is inadvisable for medical reasons. Each employee will be required to complete the Hepatitis B Vaccination Form and Hepatitis B Immunization Health History Form given during training.

Six Flags New England shall not make participation in a prescreening program a prerequisite for receiving the Hepatitis B vaccination. Six Flags New England shall assure that any employee who initially declines to accept the Hepatitis B vaccination offered signs a statement so stating. If the employee initially declines the Hepatitis B vaccination, but at a later date while still covered under the standard decides to accept the vaccination, Six Flags New England shall make available the Hepatitis B vaccination at that time.

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If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available.

Following the report of an exposure incident, Six Flags New England shall make immediately available to the exposed employee confidential medical evaluation and follow-up, including at least the following elements: documentation of the route(s) of exposure, the circumstances under which the exposure incident occurred, and identification and documentation of the source individual, unless Six Flags New England can establish that identification is unfeasible or prohibited by state or local law.

The source individual's blood shall be tested as soon as feasible, and after consent is obtained, in order to determine HBV and HIV infection. If consent is not obtained, Six Flags New England shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, testing of the source individual's known HBV or HIV status need not be repeated. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection of the exposed employee's blood for HBV and HIV serological status shall be completed as soon as feasible and tested after consent is obtained.

If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

Post-exposure measures, when medically indicated and as recommended by the U.S. Public Health Service, will include counseling and evaluation of reported illnesses.

Six Flags New England shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with a copy of this regulation. Six Flags New England shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided with the following information: copy of this regulation, a description of the exposed employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available, and all medical records relevant to the appropriate treatment of the employee, including vaccination

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status, which are Six Flags New England responsibility to maintain.

Six Flags New England shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information: that the employee has been informed of the results of the evaluation and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Medical records required by this standard shall be maintained in accordance with the guidelines as set forth.

4.14

Exposure Control Plan: Review

The exposure Control Plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The exposure Control Plan will be reviewed by the full-time Safety Supervisor and site Medical Director. They will sign-off on the Exposure Control Plan: Review Form.

The Form will be signed and inserted at the end of Section: 4.

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APPENDIX A

FIRST AID AND SAFETY INFECTIOUS DISEASE CONTROL GUIDELINES

A.1 INTRODUCTION

Because exposure to blood and other potentially infectious body fluids poses a significant risk to some employee, OSHA has published the Blood borne Pathogens Standard. Although the standard's scope includes all occupational exposure to blood or other potentially infectious materials, the adverse effects of the Hepatitis B virus (HBV) and the human immunodeficiency virus (HIV) are of primary concern.

A.2 PURPOSE

A written Exposure Control Plan ensures a consistent company-wide approach to protect Six Flags New England employee. This plan must reduce the risk of transmitting blood borne pathogens by minimizing or eliminating occupational exposure to blood or other infectious materials.

A.3 OCCUPATIONAL EXPOSURE

Occupational exposure means that the POTENTIAL for exposure to blood or other infectious materials can be reasonably anticipated in performing the employee's duties. "Good Samaritan" acts (such as assisting an employee who has a nose bleed or a guest who has fallen and cut a knee) do not constitute occupational exposure, unless the employee's job description entails these tasks.

All employees for whom occupational exposure can be reasonably anticipated are included in the Exposure Control Plan. This potential for exposure must result from performing an employee's duties.

A.4 RESPONSIBILITIES

A.4.1 SIX FLAGS NEW ENGLAND

- A. Six Flags New England has a responsibility under OSHA to provide a safe and healthful work place. Specific responsibilities related to blood borne pathogens include:

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1. Identify personnel with an increased risk from an occupational exposure.
2. Develop and implement an Exposure Control Plan to review and update the plan at least annually.
3. Provide the Hepatitis vaccine and medical surveillance to personnel with occupational exposure.
4. Periodically review the existing methods of controlling exposures. The frequency of the review varies with the type of control and conditions.
5. Communicate the hazard to employee through training and materials labeling.

A.4.2 EMPLOYEE

A. Employees are responsible to:

1. Report any exposure to infectious materials to supervisor.
2. Follow all established procedures and work practices.
3. Use prescribed engineering controls and personal protective equipment.
4. Notify appropriate personnel immediately if they observe unsafe conditions.

A.5 IMPLEMENTATION SCHEDULE

Component	Initial	Periodic
Exposure Control Plan		on-going
Information/Training		annual
Record keeping		on-going
Hepatitis Vaccine		CDC guidance
Work Practice Controls		on-going
Universal Precautions		on-going
PPE		on-going
Housekeeping		on-going
Post-Exposure Evaluation		on-going
Labels/Signs		on-going

The Exposure Control Plan is located in First Aid. It is available to all employee to read.

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A hard copy of the Exposure Control Plan must be available to employee within 15 working days of a request.

A.6 BLOODBORNE PATHOGENS

- A. BLOOD: Human blood, human blood components, and products made from human blood. Clotting factors are an example of blood products.
- A. BLOODBORNE PATHOGENS: Pathogenic microorganisms present in human blood that can cause disease in humans.

Blood borne pathogens are transmitted by exposure to blood or certain body fluids of an infected person. Two of the most significant blood borne pathogens is the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Other blood borne pathogens are:

1. syphilis
2. malaria
3. brucellosis
4. babesiosis
5. leptospirosis
6. arboviral infections
7. relapsing fever
8. Creutzfeldt-Jakob Disease
9. Human T-Lymphotropic Virus Type I
10. viral hemorrhagic
11. hepatitis C

A.7 POTENTIALLY INFECTIOUS MATERIALS

Potentially infectious materials include:

- the following human body fluids:
 1. semen
 2. vaginal secretion
 3. saliva in dental procedures
 4. cerebrospinal
 5. synovial
 6. pleural
 7. pericardial
 8. peritoneal

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- 9. amniotic
- 10. any body fluid visibly contaminated with blood
- 11. all body fluids wherever it is difficult or impossible to differentiate between body fluids

- any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV-containing cell or tissue cultures and organ cultures
- HIV- or HBV- containing culture medium or other solutions
- blood, organs, or other tissues from experimental animals infected with HIV or HBV

Unless contaminated with blood, the following body fluids are NOT considered infectious:

- feces
- nasal secretions
- sweat
- sputum
- tears
- urine
- vomitus
- saliva

A.7.1 Hepatitis B (HBV)

Definitions: Hepatitis is an inflammation of the liver.

Hepatitis B (HBV), previously called serum hepatitis, poses the most significant occupational risk of all the blood borne pathogens. According to the Centers for Disease Control, HBV annually infects an estimated 8,700 health care workers as result of occupational exposure. (Blood test studies of health care and dental workers indicate that 10% to 13% have signs of current or past HBV infection). Overall, HBV has infected an estimated 9.3 million (4.8%), Americans over the age of 15 years.

Hepatitis A, previously called infectious hepatitis, is spread by fecal contamination and is not considered an occupational hazard. Periodically Hepatitis A is in the news after an outbreak of the disease is traced to a specific restaurant. Hepatitis A is generally spread by food handlers who improperly wash their hands.

<u>Topic</u>	<u>Explanation</u>
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Possible results of infection	Acute/chronic hepatitis Cirrhosis of the liver Primary liver cancer Either acute or chronic HBV infection
Most common results of infection	Development of the acute form of Hepatitis
Description of Acute Hepatitis	HBV attacks and multiplies in the liver cells. The body responds by attempting to destroy and shed the liver cells containing the virus.
Symptoms of Acute Hepatitis	About one-third of those infected have no symptoms. Another third have a mild flu like illness. The remaining third experience clinical symptoms such as jaundice, nausea, fatigue, and abdominal pain.
Chronic HBV Carriers	Approximately 6% to 10% of newly infected people cannot clear the virus from the liver cells. They become chronic HBV carriers. HBV carriers have a high risk of developing chronic persistent hepatitis, chronic active hepatitis, cirrhosis of the liver, and liver cancer. Chronic active hepatitis is a progressive disease that often leads to cirrhosis of the liver.
Deaths caused by Chronic HBV infection	An estimate 4,000 deaths each year can be attributed to cirrhosis of the liver.
Means of Spreading Hepatitis	Puncturing the skin with a contaminated object. Contamination of mucous membranes. Contamination of non-intact skin with infectious body fluids. Non-occupational exposure can occur from sexual contact and sharing needles by IV drug users.

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The virus is most easily transferred by blood. Blood and fluids from the internal body cavities contain the highest levels of the virus. Transmission can also occur if contaminated fluids contact non-intact skin, such as lesions or dermatitis. Animal studies have shown that the virus can be transferred by splashing and by contaminated fluids in the eyes or mouth.

Transmission Rate

HBV is more easily transmitted than the HIV virus. Without post-exposure treatment, as many as 30% of workers exposed to HBV through a single needle stick become infected. 0.5% exposed to HIV with a needle stick become infected.

Post-Exposure Treatment

Hepatitis B immune globulin (HBIG) contains a high level of HBV antibodies and provides temporary protection from hepatitis infection. The CDC reports that HBIG combined with the HBV vaccine after exposure is over 90% effective in preventing hepatitis. The vaccine is reported to be 96% effective if given before exposure.

A.7.2 Human Immunodeficiency Virus (HIV)

Definition: The human immunodeficiency virus produces the disease called acquired immunodeficiency syndrome (AIDS).

Topic

Explanation

History

Disease first detected in 1981 among homosexual men. By 1983, the disease

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was reported in women, children, hemophiliacs, and TV drug users. By the end of 1985, AIDS cases had been reported in all 50 states.

The CDC estimated that between 1 and 1.5 million Americans were infected with HIV in 1991. The CDC also stated that 210,000 AIDS cases had been reported by January 1992.

Description of Disease

The virus attacks and replicates in two types of cells (macrophage and T4 lymphocytes) which are vital components of the immune system. This damages the immune system and leaves the individual vulnerable to a number of disorders.

Stages of Disease

The CDC has categorized the disease's progression as follows:

*Group I: An acute mononucleosis-like condition experienced within a month after exposure. Symptoms include fever, enlargement of lymph nodes, muscle pain, diarrhea, and rash.

*Group II: Individuals can transmit the virus to others. Most individuals do not have symptoms.

*Group III: Characterized by the absence of symptoms except the swelling of the lymph nodes lasting more than 3 months.

*Group IV: The disease AIDS: Clinical manifestation varies widely. Symptoms may include severe weight loss, chronic diarrhea, weakness, brain and nervous system damage including dementia.

Opportunistic infections include fungal diseases, viral diseases, and bacterial infection (pneumonia and extrapulmonary tuberculosis). The disease is managed by treating the symptoms, but the

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immunodeficiency cannot be reversed.

Transmitting HIV

CANNOT transmitted by casual contact, shaking hands, sharing food, drinking glasses, utensils, or towels.

CAN be spread by sexual contact, IV drug use, blood transfusions before 1986. Blood transfusions and transfer from an infected mother to an unborn child are the most efficient modes of transmission.

Transmission Rate

The transmission rate for HIV is much lower than HBV. This difference may be attributed to the significantly lower concentration of the virus in the blood.

General Information

The virus is present only in the blood and certain other body fluids. Workers with occupational exposure to these fluids are at risk. Infection can occur only if the virus enters the body through the skin or mucous membranes. However, exposure by either of these routes does not mean the individual will develop the infection.

A.7.3 Syphilis

Definition- Syphilis is primarily a sexually-transmitted bacterial infection.

<u>Topic</u>	<u>Explanation</u>
Symptoms	<u>Stage 1</u> Symptoms do not usually occur in the first 10 to 90 days after exposure. After this incubation period, a lesion or canker generally appears. The lesion usually heals within a few weeks.

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Stage 2: Characterized by a rash & fever.
Stage 3: Characterized by damage to the skin, bones , CNS, and cardiovascular system. A high death rate is associated with the final stage.

Incidence	The incidence of syphilis has increased in the last few years. Although the primary means of transmission is sexual, cases associated with needle stick injuries have been documented.
Treatment	Antibiotic treatment during the incubation period is effective.

A.7.4 Malaria

Malaria is a potentially fatal parasitic infection of the blood cells usually transmitted by mosquito bites. In some third world countries, malaria is the most common disease transmitted by blood transfusion. Needle stick injury transmission has been documented.

A.7.5 Brucellosis

Brucellosis is characterized by fever, sweats, weakness, and pain in the joints. It is associated with occupational exposure to livestock and ingestion of unpasteurized dairy products. It can be transmitted through the blood.

A.8 IDENTIFYING EXPOSED EMPLOYEE

A.8.1 Scope of Regulations

Although the Blood borne Pathogens Standard was originally written to protect employee in the health care industry, OSHA expanded it to include other personnel, such as designated first aid providers.

A.8.2 Classifying Employee

The following criteria determine whether an employee is included in SIX FLAGS NEW ENGLAND program.

- contact with blood or other infectious materials is reasonably anticipated
- contact results from performing the employees duties.

Each department should evaluate whether other employee, based on their duties and

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potential for exposure, should be included in the full program. All Six Flags New England employees who are occupationally exposed to blood will be included in the exposure incident and medical evaluation portion of the program.

The following employees are included in the full blood borne pathogens program at Six Flags New England.

- First Aid Employees
- Lifeguards

Other personnel who may be included are employee working in the:

- Security Department
- Rides Department
- Wardrobe
- Park Services
- Plumbers

A.9 UNIVERSAL PRECAUTIONS

A.9.1 Explanation

Consistent precautions are needed because medical examination cannot reliably identify all persons infected with HIV or other blood borne pathogens. Precautions are especially important in an emergency care setting where the risk of blood exposure is increased and the individual's infectious status is usually unknown. These consistent precautions are referred to as Universal Precautions. They involve treating all fluids which can be infectious as if they are infected. In order not to confuse water (for example, on a person coming out of the pool) with body fluids, UNIVERSAL PRECAUTIONS are to be utilized with all persons in need of care from the pool.

A.9.2 Purpose

Universal precautions are intended to supplement rather than replace recommendations for routine infection control.

A.9.3 Application

Universal Precautions apply to blood and other body fluids containing visible blood. Blood is the single most important source of HIV and Hepatitis B virus transmission as well as the transmission of other blood pathogens in the occupational setting. Universal Precautions also apply to all infectious material. (See Section 7.0 Potentially Infectious Materials.)

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A.10 IMPLEMENTATION OF UNIVERSAL PRECAUTIONS

<u>Topic</u>	<u>Explanation</u>
Using Barrier Precautions	Use appropriate barrier precaution routinely to prevent exposing skin and mucous membranes to blood and other body fluids. Barrier precautions include gloves, masks, protective eyewear/face shields, gowns, and aprons. (See Section 12.0 - Personal Protective Equipment.)
Cleaning Skin Surfaces	Wash hands and other skin surfaces thoroughly with soap and water immediately or as soon as feasible if they are contaminated with blood/body fluids. (See Section 11.2 - Cleansing/Decontaminating Skin Surfaces.)
Preventing Needle Sticks	Use appropriate facilities and good work practices to prevent needle sticks or other injuries by sharps. (See Section 11.1 - Handling Sharps.)
Using Resuscitation Devices	Keep mouthpieces, resuscitation bags, or other ventilation devices available where the need for resuscitation is predictable. Although saliva has not been implicated in HIV or HBV transmission, the devices minimize the need for emergency mouth-to-mouth resuscitation. (See Section 12.3 - Resuscitation Equipment.)
Precautions for Employee with Lesions/Dermatitis	If you have exudative lesions or weeping dermatitis, refrain from all direct patient care and from handling patient equipment until the condition resolves.
Pregnant Employee	If you are pregnant, be especially familiar with, and strictly adhere to, precautions. Although pregnant workers are not known to be at greater risk of contracting HIV infection, the infant is at risk from parental transmission if the worker developed HIV

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during pregnancy.

A.11 HOUSEKEEPING PRECAUTIONS

Definition: *Sharps* includes needles, scalpels, broken glass, and wire (dental or other). These items could pierce the skin, exposing employee to potentially infectious materials.

A.11.1 Handling Sharps

Take precautions to prevent injuries during medical procedures, while cleaning equipment, and while disposing of sharps.

- A. Never attempt to recap needles, bend or break used needles by hand, or remove from disposable syringes.
- A. Place all used disposable syringes and needles, scalpel blades, and other sharp instruments in puncture resistant, leak proof containers for immediate disposal.
- B. Locate sharps containers as close as is practical to the area in which they are used.
- D. Use a mechanical means (e.g., tongs, broom and dust pan) to handle potentially contaminated broken glass.

A.11.2 Cleansing/Decontaminating Skin Surfaces

Soap and running water alone or with decontaminates are the preferred method for cleaning skin.

- A. Wash hands and other skin surfaces thoroughly with soap and water immediately or as soon as feasible if contaminated with blood or other potentially infectious materials.
- A. Wash hands immediately after removing gloves or other personal protective equipment and when leaving the work area.
- B. Use appropriate hand-washing facilities, such as utility or rest room sinks.
- D. When sinks and running water are not available:

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1. Use effective substitutes (e.g., commercially available antiseptic rinse, foams, and impregnated paper wipes).
2. Wash hands with running water and soap as soon as possible.

E. Thoroughly flush mucous membranes with water as soon as possible after contact with potentially contaminated material.

F. Properly dispose of towelettes as contaminated material.

A.11.3 Cleaning Contaminated Surfaces

Develop a written cleaning schedule to keep the work area clean and sanitary.

- A. Decontaminate immediately after procedures resulting in surface contamination and/or a spill of blood or other infectious materials.
- B. Decontaminate a surface at the end of the shift if it may have been contaminated by instruments or specimens (Clean only the contaminated surface and not all surfaces in the area).

A.11.4 Cleaning Spills

- A. Wear heavy duty rubber gloves.
- B. If splashing is anticipated, wear protective eyewear and an impervious gown or apron. (If splashing occurs, wash all affected skin surfaces immediately).
- C. Remove visible material using disposable towels or other absorbent material.
- D. If the surface of equipment could contact intact skin, use a germicidal solution (Envy®) or solution of bleach/water (diluted 1:10 and made up daily) to clean the surface. Commercial germicidal solution should have a label claim for tuberculoidal activity. If there is no visible blood, "hospital disinfectants" can be used for routine cleaning.
- E. Place soiled towels in properly labeled plastic bags to avoid contaminating other

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surfaces.

- F. Let the area air dry.
- G. Clean carpeted floors by hand with the appropriate solutions. Never use vacuum cleaners because of the potential for aerosol generation.
- H. Decontaminate or discard as contaminated material the mops, rags, sponges, and/or containers used for clean-up.
- I. Remove contaminated personal protective equipment (gloves last) and place in a labeled plastic bag for disposal or decontamination.
- J. Wash hands after removing gloves.

A.11.5 Laundry

Place all contaminated clothing and other reusable cloth materials in a properly labeled bag. Seal it before transporting it to the laundry. Discard as contaminated waste any clothing which cannot be reused. If a bar towel or other piece of linen becomes visibly contaminated with blood or body fluids, place the contaminated towel in a red bio-hazardous waste bag and dispose of properly. If a sheet, pillow case or blanket become visibly contaminated, place in red bag, seal properly, and place in the linen hamper.

IMPORTANT: Under no circumstances should an employee carry contaminated clothing home to be laundered.

A.11.6 Prohibitions

- A. Do not eat, drink, smoke, and apply cosmetics or lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of occupational exposure to blood or other infectious materials.
- A. Do not keep food and drink in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present.
- B. Mouth piping of blood or other potentially infectious material is prohibited. Potential hazards include inhaling the liquid, contaminating the work surface during liquid transfer, and aerosol generation.

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A.12 PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) prevents skin exposure to blood borne pathogens and the contamination of other work areas and employee homes. Some PPE (resuscitation masks) prevents the inhalation or ingestion of potentially infectious fluids. Personal Protective Equipment must be worn or used whenever the employee is potentially exposed to blood borne pathogens. Personal Protective Equipment must be available to employee when there is occupational exposure. It is provided at no cost and in the appropriate size.

The availability and use of PPE depends on the situation. See chart on Personal Protective Equipment Recommendations. Examples of Personal Protective Equipment include:

- gloves
- gowns
- face shields
- masks
- eye protection
- mouth pieces
- resuscitation bags
- pocket masks
- other ventilation devices

A.12.1 Gloves

Disposable latex gloves are a standard piece of emergency response equipment and should be worn prior to initiating any patient contact. Gloves should be changed between multiple patients. While wearing gloves, avoid handling any personal items that could become soiled or contaminated. Used gloves should be removed as soon as possible, with care taken to avoid skin contact with the exterior surfaces of the gloves. To protect against cuts and lacerations in the event of an incident involving sharp or rough edges or broken glass, leather gloves will be provided. Contaminated gloves should be placed in the appropriate receptacles.

A.12.2 Masks, Eyewear, and Gowns

Masks, eyewear, and impervious gowns are available in First Aid and on the First Aid vans. (See Table 2 for when these PPE items should be worn). Masks and eyewear should be worn together whenever there is a situation where splashing of blood or body fluids could occur. Gowns should be worn to protect clothing from splashes of blood/body fluids. An extra change of uniforms are available in Wardrobe. All First Aid vans have

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face shields for use in situations that may require eye/face protection, as well as in First Aid.

A.12.3 Resuscitation Equipment

Disposable airway care equipment and bag masks are available on the First Aid vans and in First Aid. Once disposal airway care equipment has been used, it should be disposed of according to the above guidelines. Reusable equipment (suction equipment) shall be thoroughly cleaned and disinfected before being placed back into service. (See Table 5 for cleaning and disinfection guidelines.) Mechanical respiratory assist devices (bag masks, demand valve, etc.) shall be available on the First Aid vans and in First Aid. Pocket masks will be provided to all personnel who provide or potentially provide emergency treatment.

A.12.4 Hepatitis B Vaccination

Since Classification 1 and 2 employee at Six Flags New England are in a high risk category, Six Flags New England will make the Hepatitis B vaccine available to these high risk employees at no cost. Any employee has the right to decline this vaccination, but must sign a declination form stating this, remembering that the employee can change his or her mind at any time and still receive the vaccination at no cost to them.

A.12.5 Exposure and Post-exposure Follow-up Procedures

Any employee who has had an exposure incident must fill out an “Infectious Disease/Hazardous Waste Incident Report.”

Six Flags New England will ensure that any post-exposure follow-up (e.g., medical treatment, lab work, etc.) shall be provided at no cost to the employee. These follow-up visits will be performed at a clinic or hospital designated by Safety and First Aid.

A.12.6 Record Keeping

Medical records must be kept confidential. These records will be maintained in the employee's file for at least the duration of employment, plus 30 years. Medical records must include the following:

- name and social security number
- HBV vaccination status, including vaccination dates, and any medical records related to the employee's ability to receive vaccinations
- results of examinations, medical testing, and post-exposure evaluation and

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follow-up procedures

- written opinion of a health care professional
- copy of information provided to health care professional.

A.12.7 Training Records

Employee training records will be maintained in the employee's file for a minimum of 3 years. These records will include:

- training dates
- content and summary of training
- names and qualifications of trainers
- names and job titles of employee attending the training

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Table 1
Summary of Task Categorization and Implications for Personal Protective Equipment

Joint Advisory Notice Category	Nature of Task/Activity	PPE should be available/worn
I.	Direct contact with blood or other body fluids to which Universal Precautions apply	Yes/Yes
II.	Activity performed without blood exposure but exposure may occur in an emergency	Yes/No
III.	Task/Activity does not entail predictable or unpredictable exposure to blood	No/No
(I)	Department of Labor, U.S. Department of Health and Human Services, Joint Advisory Notice: Protection Against Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Washington, D.B. Department of Labor, U.S. Department of Health and Human Services, 1987.	

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Table 2
Examples of Recommended Personal Protective Equipment for Worker Protection
Against HIV and HBV Transmission in Pre-Hospital (2) Settings

<u>Task/Activity</u>	<i>Disposable Gloves</i>	<i>Gown</i>	<i>Mask</i>	<i>Protective Eyewear</i>
Bleeding control with spurting blood	Yes	Yes	Yes	Yes
Bleeding control with minimal bleeding	Yes	No	No	No
Emergency Child birthing	Yes	Yes	Yes	Yes
Blood Drawing	Yes	No	No	No
Starting an IV	Yes	No	No	No
Endotracheal intubation	Yes	No	Yes	No
Esophageal Obturator use	—	—	—	—
Oralnasal suctioning, manual cleaning of airway	Yes ⁽⁴⁾	No	Yes	No
Handling and cleaning of contaminated instruments	Yes	Yes	No	No
Measuring B/P	No	No	No	No
Measuring Temperature	No	No	No	No
Giving an injection	No	No	No	No

(1) The examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces).

(2) Defined as setting where delivery of emergency health care takes place away from the hospital or other health care facility.

(3) Refers to protective masks to prevent exposure of mucous membranes to blood or other

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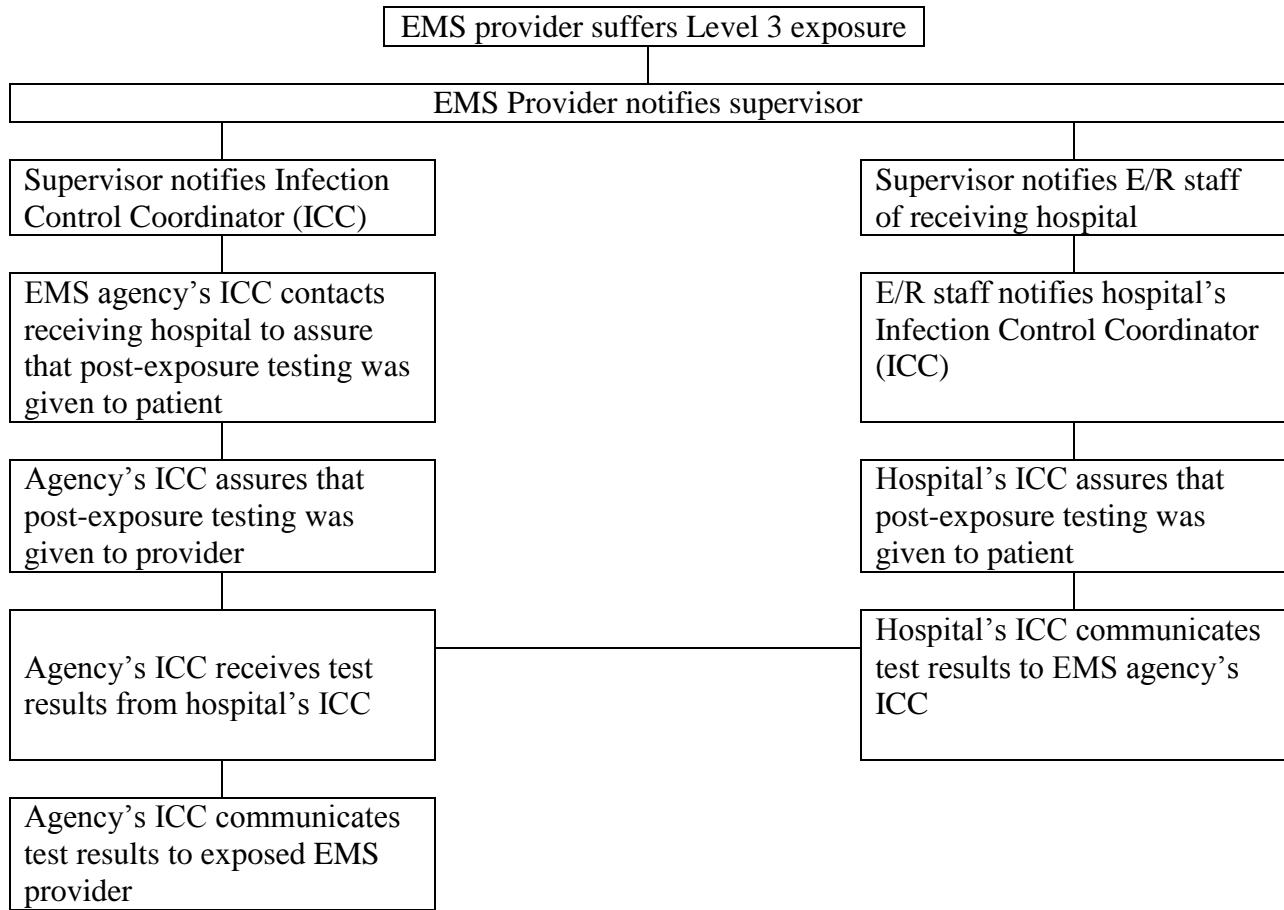
potentially contaminated body fluids.

(4) While not clearly necessary to prevent HIV or HBV transmission unless blood is present, gloves are recommended to prevent transmission of other agents (e.g., herpes simplex).

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BLOODBORNE/AIRBORNE PATHOGEN

LEVEL 3 EXPOSURE NOTIFICATION MODEL



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Date: _____ Time: _____

GENERAL INFORMATION:

Date of Incident: _____ Time: _____
 Report No.: _____ Unit: _____
 Vehicle No.: _____ Supervisor: _____
 Patient Name: _____
 DOB: _____ Sex: _____ Race: _____ SS No.: _____
 Address: _____

Has patient been vaccinated against hepatitis B? _____ Yes _____ No (If yes, list dates: _____)

Physician's Name: _____
 Hospital transported to: _____

EMT name: _____
 EMT name: _____

Names of first responders, bystanders, or personnel directly exposed/involved in incident: _____

INFECTIOUS DISEASE INCIDENT:

Disease/infection exposed to: _____
 Method of exposure: _____
 Exposed to: _____ Blood _____ Tears _____ Feces _____ Urine _____ Saliva _____ Sweat _____ Vomitus _____ Sputum _____ Other

Part(s) of body exposed (be specific):

Face _____ Hands _____ Arms _____ Legs _____ Chest _____ Abdomen _____
 Eyes _____ Mouth _____ Other _____

Does patient have open cuts, rashes, etc., that became exposed? _____ No _____ Yes

If yes, be specific: _____

PROTECTION:

Protection taken during Incident: _____
 If no protection, state reason: _____
 Action taken after incident: _____
 Was there an injury to personnel involved? Yes _____ No _____
 If YES, Name of Physician: _____
 Where seen: _____
 Diagnosis: _____

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Was a Worker's Compensation Form filed? Yes No

Recommended treatment: _____

NARRATIVE: (Please provide specific details about the incident. Use the back of this page if necessary.)

FOLLOW-UP INFORMATION (Please include any pertinent medical information that might hinder being vaccinated for hepatitis A.): _____

TO BE FILLED OUT BY THE INFECTION CONTROL COORDINATOR:

Date received: _____ Hospital contacted: Yes No
 Date Contacted: _____ Time Contacted: _____ am/pm
 Contact Name: _____

Patient's lab test results:

SGOT HbsAg HBcAg HBsAb HIV STS
 Patient not tested Other _____

Follow-up offered/recommended by Operational Medical Director:

ISG HBIG Hep-B Vaccine PPD Diphteria/Tetanus INH
 None Other _____

Date patient contacted: _____ Date completed form returned to patient: _____

ICC Signature: _____ ICC Printed Name: _____

ICC Telephone Number: _____

INFECTIOUS DISEASE INCIDENT REPORT CHECKLIST FOR EXPOSURE:

<input type="checkbox"/> Incident Completed	<input type="checkbox"/> Hospital Contacted
<input type="checkbox"/> Investigation Completed	<input type="checkbox"/> Post-Exposure Testing Done
<input type="checkbox"/> Unit 800 Notified	<input type="checkbox"/> Test Results Received
<input type="checkbox"/> Department DMD Notified	<input type="checkbox"/> Employee Notified of results
<input type="checkbox"/> If Under 18, Parents Notified	<input type="checkbox"/> Follow-Up Testing Done

APPENDIX B

**SECURITY GUIDELINES FOR PREVENTION OF TRANSMISSION OF
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B.1 INTRODUCTION

Security Officers may face the risk of exposure to blood during the performance of their routine duties. At a crime scene, accident, during the arrest of a suspect, and during the processing of a person in custody, Officers may come in contact with blood-contaminated hypodermic needles or weapons from the suspect's or victim's blood or from cuts or other medical problems. Contact with combative or violent persons increases this risk.

Appendix C presents information for reducing the risk of acquiring HIV and HBV infection by Security Officers as a consequence of carrying out their duties. However, there is an extremely diverse range of potential situations which may occur in the control of persons with unpredictable, violent, or psychotic behavior. Therefore, informed judgment of the individual Officer is paramount when unusual circumstances or events arise. These recommendations should serve as an adjunct to rational decision making in those situations where specific guidelines do not exist, particularly where immediate action is required to preserve life or prevent significant injury.

The following guidelines address the concerns of the Security Officer. Table 2 contains selected examples of personal protective equipment that may be employed by Security Officers.

B.2 SECURITY OPERATIONS

A.2.1 Fights and Assaults

Security Officers are exposed to a range of assaultive and disruptive behavior through which they may potentially become exposed to blood or other body fluids containing blood. Behaviors of particular concern are biting, attacks resulting in blood exposure, and attacks with sharp objects. Such behaviors may occur in a range of law-enforcement situations including arrests, routine interrogation, domestic disputes, and lockup operations. Hand-to-hand combat may result in bleeding and may thus incur a greater chance for blood-to-blood exposure, which increases the chances for blood borne disease transmission.

Whenever the possibility for exposure to blood or blood-contaminated body fluids exists, the appropriate personal protection equipment should be worn, if feasible under the circumstances. In all cases, extreme caution must be used in dealing with the suspect if there is any indication of assaultive or combative behavior. When blood is present and a suspect is combative or threatening to the Security Officer, gloves should always be put on as soon as conditions permit. In case of blood contamination of clothing, an extra change of clothing should be available at all times. If the contaminated clothing is given

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to a laundry, they should be advised of the presence of blood or body fluids to ensure proper handling.

B.2.2 Cardiopulmonary Resuscitation

Security Officers are also concerned about infection with HIV and HBV through the administration of CPR. Although there have been no documented cases of HIV transmission through this method, the possibility of transmission of other infectious disease exists. Therefore, agencies should make protective masks or airways available to Officers and provide training in their proper use. Devices with one-way valves to prevent patient's saliva or vomitus from entering the caregiver's mouth are preferable.

B.2.3 Searches and Evidence Handling

Security Officers have potential risks of acquiring HBV or HIV infection through exposure which occurs during searches and evidence handling. Penetrating injuries are known to occur, and puncture wounds or needle sticks, in particular, pose a hazard during searches of persons, vehicles, and during evidence handling. The following precautionary measures will help to reduce the risk of infection.

- A. An Officer should use great caution in searching the clothing of suspects. Individual discretion, based on the circumstances at hand, should determine if a suspect or prisoner should empty his/her own pockets or if the Officer should use his/her own skills in determining the contents of a suspect's clothing.
- B. A safe distance should always be maintained between the Officer and the suspect.
- C. Wear protective gloves if exposure to blood is likely to be encountered.
- D. Wear protective gloves for all body contact searches.
- E. If cotton gloves are to be worn when working with evidence of potential latent fingerprint value at the crime scene, they can be worn over protective disposable gloves when exposure to blood may occur.
- F. Always carry a flashlight, even during daylight shifts, to search hidden areas. Whenever possible, use long-handled mirrors and flashlights to search such areas (e.g., under car seats).
- G. If searching a purse, carefully empty contents directly from purse, by turning it

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upside down over a table.

- H. Use puncture-proof containers to store sharp instruments and clearly marked plastic bags to store other possibly contaminated items.
- I. To avoid tearing gloves, use evidence tape instead of metal staples to seal evidence.
- J. Local procedures for evidence handling should be followed. In general, items should be air dried before sealing in plastic.
- K. Not all types of gloves are suitable for conducting searches. Vinyl or latex rubber gloves provide little protection against sharp instruments, and they are not puncture-proof. There is a direct trade off between level of protection and manipulability. In other words, the thicker the gloves, the more protection they provide, but the less effective they are in locating objects. Thus, there is no single type or thickness of glove appropriate for protection in all situations. Officers should select the type and thickness of glove which provides the best balance of protection and search efficiency.

B.3 PERSONAL PROTECTION EQUIPMENT

Officers may confront unusual hazards, especially when the crime scene involves violent behavior, such as a homicide, where large amounts of blood are present. Accident scenes are also prone to this type of hazard. Protective gloves should be available and worn in this setting. In addition, for very large spills, consideration should be given to other protective clothing, such as overalls, aprons, boots, or protective shoe covers. Personal protective equipment should be changed if torn or soiled, and always removed prior to leaving the scene.

While wearing gloves, avoid handling personal items, such as combs and pens, which could become soiled or contaminated. Also the Officer must be aware of contaminating equipment, steering wheels, or any object that another Officer may touch while not wearing gloves.

Face masks, gloves, and aprons are required during the cleaning process of body fluids where any possibility of splash back is likely to occur. Proper cleaning solutions shall be used to ensure that disinfection of equipment and surfaces is achieved. Germicidal solution (Envy® a disinfectant) and a 10 percent solution of bleach is necessary and saturation of porous materials will be needed to ensure that the item is disinfected.

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Any contact with body fluids shall be treated as if the fluids are contaminated. During periods of rain, special care will be necessary to ensure that each Officer takes adequate steps to ensure that no infection occurs.

All possibly contaminated protective gear shall be disposed of as medical waste. To accomplish this, the items must be placed in the red medical waste bags in First Aid or in the First Aid vans. When removing protective gear, it is important to roll the possibly contaminated side in so that no exposure is made to the Officers or to others. First Aid provides:

- Rubber medical gloves
- Rubber aprons
- CPR shields
- Goggles
- Face shields
- Germicidal solution (Envy® a disinfectant) and 10% bleach disinfectant
- Blood thickener
- Flashlights
- Thick work gloves

If the Officer finds him/herself in a situation without the necessary safety equipment, the Officer must protect him/herself and call for the equipment needed to safely complete the task.

APPENDIX C
DEPARTMENTAL GUIDELINES FOR PREVENTION OF TRANSMISSION OF
BLOODBORNE PATHOGENS

C.1 SAFETY DEPARTMENT

The Safety Department's involvement in monitoring this standard consists of studying,

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instructing, and where necessary, researching questions to ensure compliance. Due to this involvement, no special guidelines are being written since all issues the Safety Department may face have been covered in a departmental or task set of procedures.

C.2 RESTROOM CLEANING: GUIDELINES FOR PREVENTION OF TRANSMISSION OF BLOODBORNE PATHOGENS

Restroom cleaning procedures are to be followed by everyone who performs this task. No exposure to a blood borne pathogen should occur if this guide is followed.

- A. Protective gloves will be provided by the Grounds Department and shall be worn for this task. Gloves shall be removed in such a manner so as not to touch the possibly contaminated outer surface. Reusable gloves should be rinsed with bleach before being taken off so that they will be clean for the next use.
- B. Brushes with handles should be used whenever possible. Employee should brush away from themselves to avoid getting splattered. Brushes should be rinsed off with bleach before being put away.
- C. If skin contact with splatter residue is found to be unavoidable, a supervisor must be advised so that a different technique or additional safety equipment can be reviewed for use.
- D. When emptying trash cans, especially in restrooms, wear gloves and be careful not to have contact with the can or contents since this may result in skin contact with a suspect substance (e.g., blood or vomit).
- E. When emptying sanitary napkin disposal containers, wear gloves and be sure not to come in contact with any materials or residue in or on the containers. Be careful not to contaminate the outside of the trash bag in which this waste is placed in order to avoid exposure to someone else.
- F. Care in cleaning trash and sanitary napkin containers should be exercised to ensure that no contact with any of the contents is made. Any containers that may be contaminated shall be cleaned with bleach.
- G. Any time a hose pipe is used in cleaning, make sure no one is close enough to get splattered.
- H. When cleaning, be alert to the possibility of contacting a source for a blood borne pathogen. Always be careful.

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C.3 GROUNDS CLEANING: GUIDELINES FOR PREVENTION OF TRANSMISSION OF BLOODBORNE PATHOGENS

Grounds cleaning procedures are to be followed by everyone who performs this task. No exposure to a blood borne pathogen should occur if this guide is followed.

- A. Protective gloves will be provided by the Grounds Department and shall be worn for this task, with the exception of normal sweep up of trash. Gloves shall be removed in such a manner so as not to touch the possibly contaminated outer surface. Reusable gloves should be rinsed with bleach before being taken off so they will be clean for the next use.
- B. Protective gloves shall be used for cleaning vomit. When using an absorbent to clean up vomit, care should be taken to prevent any contact with the vomit or possibly contaminated broom and dust pan. Carefully place the material in a trash can, taking care that all of the material goes into the bag without contaminating the can or bag exterior. The broom and dust pan should now be cleaned with bleach to remove any possible contaminated substance and to prevent exposing the next person to possible exposure. Be sure to clean the handles thoroughly.
- C. Should anyone get injured where blood is present, the Safety Department shall be notified (if First Aid is called, they will make arrangements to handle this) and will respond to take care of the necessary clean up.

C.4 LAUNDRY HANDLING: GUIDELINES FOR PREVENTION OF TRANSMISSION OF BLOODBORNE PATHOGENS

Laundry handling guidelines are to be followed by everyone who performs this task. No exposure to a blood borne pathogen should occur if this guide is followed.

- A. Towels, bar towels, or clothing contaminated with human blood shall not be handled bare handed or placed in any container that is not marked to show that a biohazard exists. When handling this material, protective gloves, supplied by the Wardrobe Department, must be worn.
- A. When accepting or handling dirty towels, bar towels or clothing, Wardrobe personnel should be wearing rubber gloves. Bins for direct drop off may be the best method of collecting laundry to lessen the amount of time gloves have to be worn.

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C. Once Wardrobe begins to handle the dirty laundry, all items shall be treated as possibly contaminated (i.e., rubber gloves worn, no skin contact with dirty laundry).

C.5 GUIDELINES FOR PREVENTION OF TRANSMISSION OF BLOODBORNE PATHOGENS WHEN ASSISTING AN INJURED OR ILL GUEST OR EMPLOYEE

If anyone should become ill or injured, call First Aid immediately. This is the best form of assistance an employee can offer. Administering first aid is not a part of the job description and should be administered only by trained personnel in First Aid. An employee should not take any action with an ill or injured person that might expose him/her in any manner to a blood borne pathogen. If an employee is trained in first aid and chooses to administer care, he/she may do so ONLY with the use of universal precautions. The employee must remember that any item with human blood or fluids on it is potentially infectious, and the employee should notify First Aid if anything is mishandled or disposed of improperly.

C.6 SPECIAL RESPONSES

For all incidents where human blood or obviously contaminated body fluids are present, Park Services shall be called for clean up. If First Aid is already on the scene, they will make arrangements to take care of the clean up.

C.7 EXPOSURE INCIDENT

If at any time an employee believes he/she may have come in contact with human blood or contaminated body fluids, he/she must immediately notify First Aid. First Aid will notify Safety Management so that the incident can be investigated as set forth in this standard.

C.8 SUPPLIES AND MATERIALS

All supplies and materials needed by any employee in Class 1 will be provided by the Safety Department. Personal protective equipment will be issued individually with replacement items available in First Aid. Special response kits will be in Security, Fire, and First Aid vehicles, as well as in the First Aid and Security offices. Kits will be sealed to ensure content integrity. On a monthly basis, the First Aid supervisor will inspect each special response kit. Kits with seals intact will be checked off, while those with broken seals shall be inspected. Any missing or damaged items shall be replaced, how the seal was broken reviewed and corrective action taken where appropriate.

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Supplies needed to perform certain duties in a sanitary manner not believed to be exposure risks are supplied by the individual department. These supplies are kept in each department's customary supply locations.

C.9 TRAINING OUTLINE

SIX FLAGS NEW ENGLAND uses a BLR safety “Blood borne Pathogens Training” program. Each effected department representative/ trainer goes through a train-the-trainer class. This explains how to train their employees using an online program and also how to have their employees complete the appropriate paperwork. Training Trailer #7 has several computers already set up with the BLR program for employees to use.

BLR’s online training program covers the following topics that OSHA, Local and State health services guide lines require:

B.9 TRAINING OUTLINE

- I. Introduction
 - A. Purpose
 - A. Accessibly of the regulatory standard
 - B. Contents of program
- II. Introduction: What Are Blood borne Pathogens?
 - A. Epidemiology and symptoms of blood borne diseases
 - 1. Risk of exposure to Blood borne pathogens:
 - i. Human immunodeficiency virus (HIV), which causes AIDS
 - ii. Hepatitis B virus
 - 2. Risk is small, but it's important to keep it to an absolute minimum
 - 3. OSHA requires employers to provide a written Exposure Control Program.
 - 4. Availability

2. Exposure Control Program

- A. Universal precautions
- B. Modes of transmission of blood borne pathogens
- C. Work practices that eliminate or minimize exposure
- D. Housekeeping procedures

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- E. Hepatitis B vaccinations for at-risk employees
- F. Evaluation and follow-up for exposure incidents
- G. Container warnings, such as biohazard labels
- H. Blood borne Pathogens
- I. Confidential medical records for employees
- J. Training program
- K. Recognizing tasks and other activities that involve exposure blood borne pathogens

3. Risks of HIV and HBV

- A. HIV causes AIDS, attacks immune system, reducing ability to fight disease:
- B. HBV affects the liver—more common than HIV, poses a greater health risk:
- C. Infectious diseases are transmitted by bodily fluids:
 - Blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva (in dental procedures), any unfixed human organ or tissue.

4. Risks of Infection

- A. HIV and HBV risks of infection are small
- B. Infection is not transmitted by:
 - 1. Coughing or sneezing
 - 2. Touching an infected person
 - 3. Using same items as an infected person
- C. Infection can be transmitted by:
 - 1. Sexual contact
 - 2. Shared drug needles
 - 3. Punctures from infected needles or other sharps
 - 4. Direct contact between broken skin and infected body fluid
 - 5. For HBV only, through dried blood and contaminated surfaces.

5. Precautions

- A. Universal precaution: Treat all blood and potentially infectious material as though it is infectious
- B. Standard precautions (apply to all bodily fluids and secretions except sweat):
 - 1. Wash hands and exposed skin immediately after exposure or taking off PPE
 - 2. Use cleanser or towelettes only if wash facilities are not available
 - 3. Minimize splashing or spraying of potentially infectious materials

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4. Put sharps in approved containers
5. Don't break, bend, recap, or remove needles and sharps
6. Keep food and drink out of potential exposure area
7. Don't eat, drink, smoke, apply cosmetics, and handle contact lenses in potential exposure area
8. Don't pipette or suction potentially infectious materials by mouth.

6. Personal Protective Equipment

- A. Always wear the protective clothing the company provides
- B. Gloves
- C. Masks, face shields, goggles—prevent splashes and sprays into nose and mouth
- D. Gowns, aprons, surgical caps, shoe covers, etc.—protect body
- E. Never wear anything that is damaged—check it beforehand
- F. Remove clothing after exposure, dispose in approved container.

7. Good Housekeeping

- A. Check the company's written decontamination and cleaning procedures
- B. Cover equipment and surfaces with plastic, foil, or other impervious material —remove and replace if exposed
- C. Clean and decontaminate surfaces after contact with potentially infectious materials
- D. Clean and decontaminate bins, pails, etc. regularly and immediately after exposure
- E. Don't use hands to pick up potentially contaminated sharp objects.
Blood borne Pathogens

8. Containers for Infectious Materials

- A. Special care required for handling, storing, transporting infectious materials
- B. Use only leak-proof containers (and puncture-proof if necessary)
- C. If outside of container is contaminated, place it in second container
- D. Decontaminate container or label it "Contaminated"
- E. Containers must be clearly marked: red and/or labeled with biohazard symbol.

9. Reporting Exposure

- A. Report possible exposure immediately

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- B. Employer will provide confidential medical evaluation and blood test
- C. Employer will provide free HBV vaccine.

10. Conclusion: Protect Yourself Against Exposure

- A. Review basic protection rules:
 - 1. Treat all potentially infectious materials as if they are infectious
 - 2. Wear gloves if there's a possibility of contact with bodily fluids
 - 3. Wear other PPE as needed
 - 4. Use extreme caution with needles and sharps and dispose of them properly
 - 5. Follow proper decontamination procedures for clothing and equipment
 - 6. Report any exposure immediately
- B. Always know and follow OSHA and company rules, Universal and Standard Precautions
- C. Questions?

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Table 3

Reprocessing Methods for Equipment Used in the Pre-hospital Health-Care Setting

Sterilization:

Destroys -- All forms of microbial life including high numbers of bacterial spores.

Methods -- Steam under pressure (autoclave), gas (ethylene oxide), dry heat, or immersion in EPA-approved chemical "sterilant" for prolonged period of time (e.g.. 6-10 hours or according to manufacturers' instructions). NOTE: Liquid chemical "sterilants" should be used only on those instruments that are impossible to sterilize or disinfect with heat.

Use -- For those instruments or devices that penetrate skin or contact normally sterile areas of the body (e.g., scalpels, needles, etc.). Disposal of invasive equipment eliminates the need to reprocess these types of items. When indicated, however, arrangements should be made with a health care facility for reprocessing of reusable invasive instruments.

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High-level Disinfection:

Destroys -- All forms of microbial life except high numbers of bacterial spores.

Methods-- Hot water pasteurization (80-100 C, 30 minutes) or exposure to an EPA-registered "sterilant" chemical as above, except for a short exposure time (1045 minutes or as directed by the manufacturer).

Use -- For reusable instruments or devices that come into contact with mucous membranes (e.g., laryngoscope blades, endotracheal tubes, etc.).

Intermediate-Level Disinfection:

Destroys -- Mycobacterium tuberculosis, vegetative bacteria, most viruses, and most fungi but does not kill bacterial spores.

Methods -- EPA-registered "hospital disinfectant" chemical germicides that have a label claim for tuberculocidal activity; commercially available hard-surface germicides or solutions containing at least 500ppm free available chlorine (a 1:10 dilution of common household bleach - approximately 1/4 cup bleach per gallon of tap water).

Defined as setting where delivery of emergency health-care takes place prior to arrival at hospital or other health-care facility.

Use -- For those surfaces that come into contact only with intact skin (e.g. stethoscopes, blood pressure cuffs, splints, etc.), and have been visibly contaminated with blood or bloody body fluids. Surfaces must be pre-cleaned of visible material before the germicidal chemical is applied for disinfection.

Low-Level Disinfection:

Destroys -- Most bacteria, some viruses, some fungi, but not Mycobacterium tuberculosis or bacterial spores.

Methods-- EPA-registered "hospital disinfectants" (no level claim for tuberculocidal activity).

Use -- These agents are excellent cleaners and can be used for routine housekeeping or removal of soiling in the absence of visible blood contamination.

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Environmental Disinfection:

Environmental surfaces which have become soiled should be cleaned and disinfected using any cleaner or disinfectant agent which is intended for environmental use. Such surfaces include floors, woodwork, ambulance seats, and countertops. Etc.

IMPORTANT:

To assure the effectiveness of any sterilization or disinfection process, equipment and instruments must first be thoroughly cleaned of all visible soil.

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APPENDIX D

Human waste while not considered a source of blood borne pathogens however will still require use of universal precautions (gloves are mandatory, additional equipment as needed) to prevent contact with skin or mucous membranes. The waste should be disposed of in a proper waste treatment facility such as a sewer.

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APPENDIX E

Exposure Control Plan

Non-Managerial Solicit Form

Name: _____

Date:

Please provide your input regarding the identification, evaluation and selection of effective engineering and work practice controls concerning contaminated sharps. For Example: using a needles system or SESIPS.

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APPENDIX F

Hepatitis B Immunization Health History Form

All SIX FLAGS NEW ENGLAND employees that have occupational exposure must submit completed form before performing tasks that have exposure to Hepatitis B

Name: _____
(Last First MI)

Date of Birth: _____ Social Security Number: _____ - _____ - _____
(month day year)

Phone: (_____) _____

____ I hereby certify I have received the complete three dose series of the Hepatitis B vaccine. Date of completion of the Hepatitis B vaccination series: _____ / _____ / _____
(month day year)

____ I hereby certify that I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine. Date of receiving the three shot vaccination will be filled out by medical personal:

First: _____ / _____ / _____
(month day year)

Second: _____ / _____ / _____
(month day year)

Third: _____ / _____ / _____
(month day year)

____ I hereby certify that I have elected not to receive the Hepatitis B vaccine, however, in the future of my employment at SIX FLAGS NEW ENGLAND may receive the vaccine per request free of charge.

Student signature (or Parent/Guardian if student is under18):

Date: _____
(month day year)

APPENDIX G

SIX FLAGS NEW ENGLAND	SAFETY REFERENCE MANUAL
SECTION: 4 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN	
EFFECTIVE: January 2016	SUPERSEDES: ALL PREVIOUS
CFR #: 29 CFR 1910.130 – <i>Subpart Z</i>	

HEPATITIS B VACCINATION FORM

ACCEPTANCE OF HEPATITIS B VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine and would like to receive the vaccination free of charge. Due to the fact in the future, I will continue to have occupational exposure to blood or other potentially infectious materials, I will communicate with Six Flags regarding vaccination status and booster shots.

Print Employee Name: _____ Signature: _____

Date: _____ Social Security No.: _____

Department Number: _____

OR

REJECTION OF HEPATITIS B VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine, at no charge to myself, however, I decline the hepatitis vaccine at this time or I have already received the vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated, the vaccination series will be available to me at no charge.

Print Employee Name: _____ Signature: _____

Date: _____ Social Security No.: _____

Department Number: _____

Exposure Control Plan:

SIX FLAGS NEW ENGLAND	SAFETY REFERENCE MANUAL
SECTION: 4 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN	
EFFECTIVE: January 2016	SUPERSEDES: ALL PREVIOUS
CFR #: 29 CFR 1910.130 – <i>Subpart Z</i>	

Review Form

I, _____ Full-Time Safety Supervisor and _____ Site Medical Director, hereby state that we have review the information in section: 4 Subject: Blood borne Pathogens Exposure Control Plan and acknowledge that the information is correct and up to date as of _____ (Today's Date.)

Safety Supervisor:

Signature:_____

Date:____/____/____

Site Medical Director:

Signature:_____

Date:____/____/____